

Original Article

Effect of Face-to-face Education, Problem-based Learning, and Goldstein Systematic Training Model on Quality of Life and Fatigue among Caregivers of Patients with Diabetes

Abstract

Background: Education is a fundamental component for patients with diabetes to achieve good glycemic control. In addition, selecting the appropriate method of education is one of the most effective factors in the quality of life. The present study aimed to evaluate the effect of face-to-face education, problem-based learning, and Goldstein systematic training model on the quality of life (QOL) and fatigue among caregivers of patients with diabetes. **Materials and Methods:** This randomized clinical trial was conducted in Hajar Hospital (Shahrekord, Iran) in 2012. The study subjects consisted of 105 family caregivers of patients with diabetes. The participants were randomly assigned to three intervention groups (35 caregivers in each group). For each group, 5-h training sessions were held separately. QOL and fatigue were evaluated immediately before and after the intervention, and after 1, 2, 3, and 4 months of intervention. **Results:** There was a significant increase in QOL for all the three groups. Both the problem-based learning and the Goldstein method showed desirable QOL improvement over time. The desired educational intervention for fatigue reduction during the 4-month post-intervention period was the Goldstein method. A significant reduction was observed in fatigue in all three groups after the intervention ($P < 0.001$). **Conclusions:** The results of the present study illustrated that the problem-based learning and Goldstein systematic training model improve the QOL of caregivers of patients with diabetes. In addition, the Goldstein systematic training model had the greatest effect on the reduction of fatigue within 4 months of the intervention.

Keywords: Diabetes, face-to-face education, family caregivers, fatigue, Goldstein systematic training model, Iran, problem-based learning, quality of life

Introduction

Today, chronic diseases such as diabetes are considered to be the most common metabolic disorders and a serious threat to developing countries.^[1,2] This disease has an increasing prevalence, and it is estimated that by 2030 the number of people diagnosed with diabetes will reach 366 million around the world.^[3] In Iran, 1.5–2% of the population are diagnosed with diabetes.^[4] The treatment cost of this disease imposes a heavy burden on the patient and their family members, and it is estimated that by 2030, this amount will increase to \$192 billion.^[5]

Group caregivers are individuals who provide care and support for those in need including chronic disease patients anywhere, including within the family. Accepting the responsibility of caring for patients, especially with chronic diseases such as diabetes, raises concerns for caregivers. The results of a study classified

the concerns of caregivers as receiving information and resources related to the disease, compatibility with the patient's behavior, emotions, and conditions, and providing physical care.^[6] Providing continuous and complex care creates challenges for the caregivers and causes changes in their dynamism and daily activities.^[7] These factors are evident in various aspects of their physical, psychological, and quality of life (QOL). In providing care for patients with chronic diseases, the World Health Organization (WHO), in addition to patients, has also considered their caregivers.^[8]

QOL is a multidimensional concept and, in addition to the material aspects of life, it is also influenced by cultural, social, economic, and environmental aspects. Constant pressure of the disease and patient care imposes

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